

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51	/				
2	/							52	/				
3	/							53	/				
4	/							54	/				
5	/							55	/				
6	/							56	/				
7	/							57	/				
8	/							58	/				
9	/							59	/				
10	/							60	/				
11	/							61	/				
12	/							62	/				
13	/							63	/				
14	/							64					
15	/							65	/				
16	/							66	/				
17	/							67	/				
18	/							68	/				
19	/							69	/				
20	/							70	/				
21	/							71	/				
22	/							72	/				
23	/							73	/				
24	/							74	/				
25	/							75	/				
26	/							76	/				
27	/							77	/				
28	/							78					
29	/							79					
30	/							80					
31	/							81					
32	/							82					
33	/							83					
34	/							84					
35	/							85	/				
36	/							86					
37	/							87					
38	/							88	/				
39	/							89					
40	/							90					
41	/							91					
42	/							92	/				
43	/							93	/				
44	/							94	/				
45	/							95	/				
46	/							96	/				
47	/							97	/				
48	/							98					
49	/							99					
50	/							100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103	/						153						
104	/						154						
105							155						
106							156						
107							157						
108	/						158						
109	/						159	/					
110	/						160						
111	/						161						
112	/						162						
113	/						163	/					
114	/						164	/					
115							165						
116							166						
117							167	/					
118	/						168	/					
119							169	/					
120	/						170						
121							171						
122							172						
123							173						
124	/						174						
125	/						175						
126	/						176						
127	/						177						
128	/						178						
129							179						
130							180						
131	/						181						
132	/						182						
133	/						183						
134	/						184						
135							185						
136							186						
137							187						
138	/						188						
139	/						189						
140							190						
141	/						191						
142	/						192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.		↓		↓		↓	TOTAL IND.	43	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	126	←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	169	[REDACTED]		[REDACTED]		[REDACTED]